

**Office of Public Carrier Regulation**

**P.O. Drawer E**

**Dover, DE 19903**

**Phone: (302) 744-2706 Fax: (302) 739-6299**

**New Vehicle/Vehicle Swap Form**

Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Docket Number: \_\_\_\_\_

**New Vehicle**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Vehicle Identification Number: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

DelDOT Number: \_\_\_\_\_ Number of Passengers: \_\_\_\_\_

**Old Vehicle**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Vehicle Identification Number: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

DelDOT Number: \_\_\_\_\_ Number of Passengers: \_\_\_\_\_

\_\_\_\_\_  
Company Representative (Print)

\_\_\_\_\_  
Company Representative (Signature)

**Changes to fleet will not be processed unless an authorized company representative signs this form. Please include a copy of the vehicles registration card, insurance card, a passing DMV inspection form and a check made payable to DelDOT. Vehicle fees: 10 passengers or less, \$7.50; 11 passengers or more, \$10.00. Note: DMV Inspection not required for NEW model vehicles.**

(For use by the Office of Public Carrier Regulation only)

Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

Entered By: \_\_\_\_\_